

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101558,843

FILING DATE

11-29-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		2				
6		1				
7	1					
8		1				
9		1				
10		2				
11		1				
12		1				
13		1				
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49						
50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	13	←		←	←	←
TOTAL CLAIMS	15	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]